



Department of Health & Human Services

Office of Medicare Hearings and Appeals Medicare Appellant Forum



***Vision: "World Class Adjudication
for the Public Good"***



Office of Medicare Hearings and Appeals (OMHA)

Wednesday, February 12, 2014
Cohen Auditorium, Wilbur J. Cohen Building, Washington DC



Office of Medicare Hearings and Appeals Medicare Appellant Forum

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the Chief Administrative Law Judge***
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Welcome

from the Chief Administrative Law Judge

On behalf of the entire Office of Medicare Hearings and Appeals team, I want to extend a warm welcome to all of the participants in the **OMHA Medicare Appellant Forum**.

The Medicare Appellant Forum is a new initiative for OMHA. It was envisioned late last year as we considered ways to inform the appellant community on our efforts to address workload challenges facing the agency. We are pleased with the overwhelming response we have received. Over 300 individuals are participating in-person, and another 500 will join us via webinar. Unfortunately, due to logistical requirements and the size of the participating audience, we will not be able to offer the webinar audience the opportunity to ask questions during the live transmission.

The purpose of the Forum is to provide updates to OMHA appellants on the status of OMHA operations; to relay information on a number of OMHA initiatives designed to mitigate a growing backlog in the processing of Medicare appeals at the OMHA-level of the administrative appeals process; and provide information on measures that appellants can take to make the administrative appeals process work more efficiently at the OMHA-level.

To help us achieve these goals, the other HHS agencies that administer levels of the Medicare claim administrative appeals process — the Centers for Medicare & Medicaid Services (CMS) and the Departmental Appeals Board (DAB) — will provide updates from their respective areas of responsibility. In addition, members of the OMHA Headquarters staff, as well as some of our Administrative Law Judges, will present information on key areas related to the appeals process. Our objective is to provide you with a better understanding of the challenges that are confronting the administrative appeals process, how we are addressing those challenges going forward, and more importantly, provide you with information that will improve your experience with the OMHA level of the appeals process.

Finally, please visit the OMHA website (www.hhs.gov/omha) and complete the forum evaluation survey so that we can be responsive to your feedback and continue to improve future events.

Thank you again for joining us!

Nancy J. Griswold





About the Office of Medicare Hearings and Appeals

The Office of Medicare Hearings and Appeals (OMHA), a staff division within the Office of the Secretary of the U.S. Department of Health and Human Services (HHS), administers the nationwide Administrative Law Judge hearing program for Medicare claim and entitlement appeals under sections 1869(b)(1), 1155, 1876, 1852(g)(5), and 1860D-4(h) of the Social Security Act.

Our Mission

OMHA is a responsive forum for fair, credible, and timely decision-making through an accomplished, innovative, and resilient workforce. Each employee makes a difference by contributing to shaping American healthcare

Our Customers

OMHA serves a broad sector of the public, including Medicare providers and suppliers, and Medicare beneficiaries, who are often elderly or disabled and among the nation's most vulnerable populations.

Applicable Legislation

OMHA was established in July 2005 pursuant to section 931 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Pub. L. 108-173), which required the transfer of responsibility for the Administrative Law Judge hearing level of the Medicare claim and entitlement appeals process from Social Security Administration to HHS.



Our Partners

Departmental Appeals Board (DAB)

The title Departmental Appeals Board (“DAB”) refers both to the Board Members (collectively the “Board”) that the Secretary appoints and to the larger staff organization. The DAB provides impartial, independent review of disputed decisions in a wide range of Department programs under more than 60 statutory provisions.

The DAB includes the Board itself (supported by the Appellate Division), Administrative Law Judges (“ALJs”) (supported by the Civil Remedies Division), and the Medicare Appeals Council (supported by the Medicare Operations Division). Thus, the DAB has three adjudicatory divisions, each with its own set of judges and staff, as well as its own areas of jurisdiction. The Medicare Appeals Council is the fourth level of administrative appeal for Medicare appeals within HHS.

Centers for Medicare & Medicaid Services (CMS)

The Centers for Medicare & Medicaid Services (CMS), previously known as the Health Care Financing Administration (HCFA), is a federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children Health Insurance Program (SCHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey and certification process, clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments, and oversight of the ACA health exchange marketplace. CMS administers Levels I & II of the Medicare administrative appeals process.



Agenda -- Wednesday, February 12, 2014

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9:00 a.m. - 10:00 a.m.	Registration / Check-In
10:00 a.m. - 10:10 a.m.	Administrative Comments Segundo Pereira, Director, Office of Operations, OMHA
10:10 a.m. - 11:00 a.m.	Welcome and Update on Level III Medicare Appeals Workload Judge J. Nancy Griswold, Chief Administrative Law Judge, OMHA
11:00 p.m. - 11:30 p.m.	Policy Update Jason Green, Director, Program Evaluation and Policy Division, OMHA
11:30 a.m. - 12:00 p.m.	IT Initiatives Impacting the Appeals Process—what they are, and what they mean to you. Bruce Goldin, Director, Information Management & Systems Division, OMHA
12:00 p.m. - 12:45 p.m.	The Request for ALJ Hearing--Level III Jane Cironi, Director, Central Operations Division, OMHA
12:45 p.m. - 1:45 p.m.	Lunch at Leisure



Agenda -- Wednesday, February 12, 2014

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- 1:45 p.m. - 2:30 p.m.** **The Administrative Hearing – “Appellant Do’s and Don’ts”**
Panel Members:
Judge C.F. “Spike” Moore, Deputy Chief Administrative Law Judge, OMHA
Judge Robert Fisher, Associate Chief Administrative Law Judge, OMHA
Judge Jeffrey Gulin, Supervisory Administrative Law Judge, OMHA
Judge William Farley, Supervisory Administrative Law Judge, OMHA
- 2:30 p.m. - 3:00 p.m.** **Medicare Appeal Levels I & II Overview and Update**
Michael Crochunis, Director, Division of Appeals Operations, CMS
- 3:00 p.m. - 3:30 p.m.** **Departmental Appeals Board Update—Medicare Appeals Council**
Judge Constance Tobias, Chair, Departmental Appeals Board
- 3:30 p.m. - 3:45 p.m.** **Break**
- 3:45 p.m. - 4:45 p.m.** **Medicare Appeals – Levels I through IV – Question & Answer Forum**
Panel Members:
Judge Constance Tobias, Chair, Departmental Appeals Board,
Judge Griswold, Chief Administrative Law Judge, OMHA
Arrah Tabe-Bedward, Director, Medicare Enrollment & Appeals Group, CMS
- 4:45 p.m. - 5:00 p.m.** **Closing Remarks**
Judge Griswold, Chief Administrative Law Judge, OMHA



About Our Presenters

JUDGE NANCY J. GRISWOLD

Chief Administrative Law Judge

Office of Medicare Hearings and Appeals

U.S. Department of Health and Human Services



Judge Nancy J. Griswold was appointed Chief Administrative Law Judge for the Office of Medicare Hearings and Appeals on March 1, 2010. In this capacity, she oversees the third level review for Medicare appeals within the U.S. Department of Health and Human Services and has responsibility for the second largest Administrative Law Judge (ALJ) corps in the federal system.

Chief Judge Griswold graduated from Baylor University Law School then entered private practice as a labor lawyer in Dallas, Texas. She then moved to Shreveport, Louisiana where her general civil practice centered on personal injury, products liability and aircraft accident trial litigation. In 1990, she left private practice to work with the State of Louisiana where she assisted in the development of the Louisiana's worker's compensation administrative court system, established the Office of the Chief Judge, and

created a Workers' Compensation Mediation Program. Judge Griswold became the first Chief Judge of the Louisiana Workers Compensation Court, a post she held for three years.

In June 1995, Judge Griswold was appointed as a federal Administrative Law Judge and served in the Social Security Office of Hearings and Appeals, Shreveport, Louisiana, becoming one of the youngest judges ever appointed to serve in this capacity. In January, 2002, she became the Hearing Office Chief Administrative Law Judge in Shreveport, Louisiana, where she continued to serve until her appointment as acting, and then permanent, Regional Chief Judge for the Boston Region in July of 2004. As Regional Chief Administrative Law Judge in Boston, Judge Griswold was the national lead for implementation of the Commissioner's Disability Service Improvement initiative where she oversaw the formulation of training, requirements development for computer enhancements, and formulation of procedural rules and templates for hearing operations. She also worked on the Medicare transition team, which effectuated the smooth transition of the Medicare workload to the Office of Medicare Hearings and Appeals in July, 2005. Judge Griswold continued to serve in Boston until her appointment as Deputy Chief Administrative Law Judge for the Social Security Administration in December, 2006. As Deputy Chief Administrative Law Judge for Social Security, she assisted in the management of over 8000 employees, including 1200 Administrative Law Judges and 142 hearing offices. In this capacity, she also worked on the formulation of Social Security's extremely successful backlog elimination plan, supervised the appointment of over 300 new Administrative Law Judges, and engineered the implementation of five new state of the art video conferencing offices, called the National Hearing Centers for Social Security's Office of Disability Adjudication and Review. Chief Judge Griswold is a member of the Texas, Louisiana and Colorado State Bar Associations.



About Our Presenters

JUDGE C.F. “SPIKE” MOORE

***Deputy Chief Administrative Law Judge
Office of Medicare Hearings and Appeals
U.S. Department of Health and Human Services***



Judge C.F. “Spike” Moore was appointed Deputy Chief Administrative Law Judge for the Office of Medicare Hearings and Appeals (OMHA) effective November 6, 2011. In this capacity, he serves as the alter-ego to Chief Administrative Nancy J. Griswold, OMHA’s agency head and presides over the second largest federal administrative adjudicative system in the nation. OMHA’s administrative law judges resolve disputes involving coverage and payment issues under the Medicare act and regulations.

Judge Moore has extensive management experience having served not only as a Hearing Office Chief ALJ, but also in acting capacities as the Associate Chief ALJ and Deputy Chief ALJ in the Office of the Chief ALJ, for the Social Security Administration (SSA). In these capacities, he was a key figure in SSA’s ALJ hiring, designing the interview process as well as the background investigation process for administrative law judge candidates referred by the Office of Personnel Management. From 2004-2011, Judge Moore was involved in the selection of over 750 ALJs for SSA, over half of the SSA ALJ Corps. In his role as the acting Associate Chief ALJ, he developed and directed the program of service area realignment to transfer approximately 40,000 cases nationally, along with related service areas and their receipts from heavily backlogged hearing offices to hearing offices with better capacities to be held via video teleconferencing. He also designed the decision writer statistical index, a mechanism to enhance case assignments to SSA attorneys and paralegals. As the acting Deputy Chief ALJ from December 2003 through July 2004, Judge Moore was the alter-ego to SSA’s Chief ALJ and presided over SSA’s administrative adjudicative system. In addition to his other duties for SSA, Judge Moore served as a course designer and instructor for the national hearing office chief ALJ training and national docket management training. He has also been an instructor for new ALJ training, decision writer training, as well as other management training classes and seminars for SSA.

Prior to his appointment as an Administrative Law Judge in 1994, Judge Moore served for 11 years as the District Attorney for the 156th Judicial District of Texas. In this capacity, he was the chief felony prosecutor for three rural counties in Texas.

Judge Moore was awarded a B.A. in Government with high honors from the University of Texas at Austin and was inducted into Phi Beta Kappa. He holds a J.D. from the University Of Texas School of Law and worked for most of the period of his graduate and undergraduate career as a Legislative Aide in the Texas House of Representatives.



About Our Presenters

JUDGE CONSTANCE B. TOBIAS

Chair

Departmental Appeals Board

U.S. Department of Health and Human Services



Judge Constance B. Tobias was appointed as the Chair of the Departmental Appeals Board (DAB) at the U.S. Department of Health and Human Services on April 29, 2007. The DAB provides impartial, independent review of disputed decisions in a wide range of Department programs under more than 60 statutory provisions. The DAB has three adjudicatory divisions, each with its own set of judges and staff, as well as its own areas of jurisdiction. One of those divisions, the Medicare Operations Division, provides the legal and administrative support to the Administrative Appeals Judges of the Medicare Appeals Council. As the Chair of the DAB, Judge Tobias also serves as the designated Dispute Resolution Specialist for HHS under the Administrative Dispute Resolution Act of 1996. The DAB's leadership role in implementing Alternative Dispute Resolution across the Department is supported by the DAB Alternative Dispute Resolution Division.

Prior to her appointment in 2007, Judge Tobias served at the Department of Veterans Affairs as a Chief Veterans Law Judge of the Board of Veterans' Appeals, as Counsel to the Chairman, and as a staff attorney. She received her J.D. from Cornell University and a Bachelor's Degree from Saint Augustine's College.

ARRAH TABE-BEDWARD

Director

Medicare Enrollment & Appeals Group

Centers for Medicare & Medicaid Services

U.S. Department of Health and Human Services

Arrah Tabe-Bedward is the Director of the Medicare Enrollment and Appeals Group (MEAG) at the Centers for Medicare & Medicaid Services (CMS). As MEAG's Director, Ms. Tabe-Bedward is responsible for all enrollment and appeals policy under the Medicare Fee-for-Service (FFS), Medicare Advantage (MA), and Medicare Prescription Drug (Part D) programs, and has shared responsibility with the Social Security Administration on Medicare eligibility, enrollment and low-income subsidy issues. She also has oversight responsibility for all Medicare appeals operations for the FFS, MA and Part D Qualified Independent Contractors, the appeals units of the Medicare administrative contractors, and CMS' Beneficiary Notice Initiative, which includes provider-issued notices such as the Important Message from Medicare and the Advance Beneficiary Notices of Non-coverage. Ms. Tabe-Bedward has a JD from the University Of Maryland School Of Law and an MS in Public Service Management from DePaul University. In addition to MEAG, Ms. Tabe-Bedward worked in CMS' Program Integrity Group and Office of Legislation.



About Our Presenters

JUDGE ROBERT S. FISHER

***Acting Associate Chief Administrative Law Judge
Office of Medicare Hearings and Appeals
U.S. Department of Health and Human Services***

Judge Robert S. Fisher is currently the Acting Associate Chief Administrative Law Judge (ACALJ) for the Mid-Western Field Office within the Office of Medicare Hearing and Appeals and has served as a Supervisory Administrative Law Judge with the Office of Medicare Hearings and Appeals in Cleveland, Ohio, since 2008. Prior to his ALJ appointment, Judge Fisher was an attorney in the Social Security Administration hearing offices in California and Oregon.

Prior to joining federal government, Judge Fisher was in private practice representing California municipalities in cases involving public finance, land use, and employment law. He also served as a judicial law clerk for the New Hampshire Superior Court.

Judge Fisher received his law degree from the University of California, Davis, and his Bachelor's degree from the University of New Hampshire.

JUDGE JEFFREY GULIN

***Supervisory Administrative Law Judge
Office of Medicare Hearings and Appeals
U.S. Department of Health and Human Services***

Judge Jeffrey Gulin has been with the Office of Medicare Hearings and Appeals since September 2006. In all, he has over 30 years of adjudicatory experience. He started his adjudicatory career as a State Hearing Officer in the early 1980s and was then appointed as a Maryland ALJ in 1989. After 7 years as a State ALJ, he worked in the private sector as an arbitrator for 10 years and arbitrated a number of billion dollar copyright cases on behalf of the U.S. Copyright Office, and numerous other protracted proceedings on behalf of various private and public entities.

JUDGE WILLIAM FARLEY

***Supervisory Administrative Law Judge
Office of Medicare Hearings and Appeals
U.S. Department of Health and Human Services***

Judge William Farley was appointed Administrative Law Judge for the Office of Medicare Hearings and Appeals (OMHA) in 2012. Prior to being appointed, he was in private practice where he focused on constitutional and appellate litigation. He has tried and argued cases before the Federal Circuit, District and state courts. Judge Farley served as an Assistant Corporation Counsel with the City of New York focusing on municipal and constitutional litigation. He was an associate with Dewey Ballantine in New York City where his practice emphasized structured finance and securities law. Before being appointed, Judge Farley served as a council member in his Town for two terms and chaired his county's transportation and safety committee. He received a B.S. from Binghamton University in 1988 and a J.D. from SUNY Buffalo Law School in 1995. Judge Farley is admitted to the bars of New York, Maryland and the District of Columbia. He is also admitted to the U.S. Supreme Court and various federal circuit and district courts. He is a member of the William B. Bryant American Inns of Court and was named to the 2012 Irish Legal 100.



About Our Presenters

MICHAEL CROCHUNIS

***Director, Division of Appeals Operations
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services***

Mike Crochunis is the Director of the Division of Appeals Operations at CMS. In this position, Mr. Crochunis directs all Medicare claim appeals operations, including budgeting and oversight for the Qualified Independent Contractors (QICs), and the appeals units within the Medicare Administrative Contractors. During his 11 years in this position, Mr. Crochunis implemented changes to the Medicare claim appeal procedures required with the passage of the Benefits Improvement and Protection Act (BIPA) and the Medicare Modernization Act (MMA), as well as helped develop the federal regulations to implement the changes. He also led the implementation of the QICs, which are now in their ninth year of operation.

Mr. Crochunis previously worked on program integrity issues, including overseeing the implementation of several new program safeguard contractors. He began his federal career in budget formulation, where his main area of concentration was the Medicare managed care program. Mr. Crochunis has been at CMS for 17 years and holds a B.S. in Finance from the University of Baltimore.

JASON GREEN

***Director, Program Evaluation and Policy Division
Office of Medicare Hearings and Appeals
U.S. Department of Health and Human Services***

Jason Green has been the Director of the Program Evaluation and Policy Division, within the Office of Medicare Hearings and Appeal since February 2013. The Program Evaluation and Policy Division develops internal guidance and business processes in coordination with the OMHA Office of Operations; works with the Centers for Medicare & Medicaid Services (CMS) and the Departmental Appeals Board (DAB) to coordinate appeals processing and to develop claims appeals policies; administers OMHA's internal program integrity initiatives; coordinates the OMHA ethics program and supports the OMHA Deputy Ethics Counselor; and provides advisory services on appeals adjudication issues to the OMHA senior leadership team and other divisions.

Mr. Green graduated from The Ohio State University Moritz College of Law in 2003, and served as the Executive Editor of the Ohio State Law Journal. Mr. Green worked at a staff attorney at Porter, Wright, Morris & Arthur LLP in Columbus, Ohio, before beginning with the OMHA Western Field Office as an attorney advisor in 2005. Mr. Green moved to OMHA Program Operations in 2006, serving as an attorney advisor working on policy and business process matters. In 2010, he accepted a position with the I.R.S. Office of Chief Counsel, as an attorney in the Procedure and Administration section, providing advisory and review services to I.R.S. field staff on a range of tax policy related matters. At the end of 2010, Mr. Green re-joined OMHA as the Special Advisor to the Chief Administrative Law Judge.



About Our Presenters

BRUCE GOLDIN

*Director, Information Management and Systems Division
Office of Medicare Hearings and Appeals
U.S. Department of Health and Human Services*

Bruce Goldin is the Director of Information Management and Systems for the Office of Medicare Hearings and Appeals. Prior to assuming that position he was the Director of the Division of Electronic Services at the Social Security Administration. In that capacity, he was responsible for implementing the electronic case file environment, digital recording and video teleconferencing for the Office of Hearings and Appeals.

Mr Goldin has a bachelor's degree from Brooklyn College, New York, and a master's degree from the University of Wisconsin.

JANE CIRONI

*Director, Central Operations Division
Office of Medicare Hearings and Appeals
U.S. Department of Health and Human Services*

Jane Cironi has served as the Director of the Central Operations Division within the Office of Medicare Hearings and Appeals since 2012. In this role, she oversees the docketing and equitable distribution of all Medicare appeals filed with OMHA. In late 2011, Ms Cironi led the consolidation of the docketing function previously performed in four OMHA field offices into a national office. This helped to ensure a single consistent docketing process agency wide and a more balanced workload distribution across ALJ teams nationwide. From 2006 until 2012, Ms. Cironi served as the Hearing Office Director for OMHA's Midwestern Field Office. In that capacity, she oversaw all administrative functions required to hear and decide cases. Ms. Cironi is a recipient of the 2012 Secretary's Award for Distinguished Service, the highest honor granted by the Department of Health and Human Services. Prior to joining OMHA Ms. Cironi served as the Deputy Director, Information Technology, for the Defense Finance and Accounting Service, Cleveland, Ohio.

Ms. Cironi earned a Master of Business Administration from Kent State University and a Bachelor of Science from Kansas State University.



Tips for filing Requests for Hearing

- For Part A/B claim appeals, please consider using form CMS-20034 A/B when filing a new Request for Hearing.
- Prominently list the Medicare Appeal Number on your Request for Hearing. It is located in the upper right hand corner of the reconsideration decision you are appealing. If using form CMS-20034 A/B, this number should be listed in the box titled “Document Control Number assigned by the QIC.”
- Please include the full Beneficiary Health Insurance Claim Number on the Request for Hearing.
- Please attach a copy of the first page of your reconsideration decision (if available) to your Request for Hearing.
- Please ship your Requests for Hearing via a tracked mail service (e.g. UPS, FEDEX). Tracked mail service will provide you with delivery confirmation as well as important delivery details.
- Do not submit duplicate Requests for Hearing. Appellants should submit only one Request for Hearing for each Medicare Appeal Number on appeal.
- Please do not attach evidence to your Request for Hearing. OMHA will obtain all evidence reviewed at reconsideration directly from the QIC. If you have new evidence to submit, please submit it directly to the ALJ assigned to your appeal when your case is assigned, or within 10 calendar days of receiving the Notice of Hearing. See 42 C.F.R. § 405.1018. If appropriate, include a statement of good cause for submitting the evidence for the first time at the ALJ level. See 42 C.F.R. § 405.1028. to the ALJ
- Please do not submit a courtesy copy of your Request for Hearing to the QIC that issued your reconsideration or the Medicare Appeals Contractor (MAC) that issued your redetermination. Neither the QIC nor the MAC requires a copy for purposes of 42 C.F.R. § 405.1014(b).
- **If the reconsideration you are appealing concerns more than one Beneficiary:** please enter “MULTIPLE” under “Beneficiary Name” on the CMS-20034 A/B form and provide a full list of each Beneficiary’s information as a separate attachment. Please do not submit a separate Request for Hearing form for each Beneficiary if addressed by the same reconsideration decision.
- **If you would like two or more hearing requests to be grouped for a single hearing by the same ALJ:** please prepare a separate Request for Hearing form for each Medicare Appeal Number in the group. Submit the Requests for Hearing to OMHA in the same package with a cover letter expressly stating that you want them to be grouped for a single hearing. OMHA will only consider grouping Requests for Hearing contained in the same shipment, involving the same provider/supplier and sharing the same issues.
- **If you want to aggregate claims to meet the amount in controversy threshold:** please prepare a separate Request for Hearing form for each Medicare Appeal Number related to your aggregation request. Submit the Requests for Hearing to OMHA in the same package with a cover letter expressly stating that you want them to be aggregated. Please note that requests to aggregate claims are subject to the requirements set out at 42 C.F.R. § 405.1006(e) and (f).
- **If you already submitted a Request for Hearing and now have a hearing brief, a procedural motion, additional evidence or other documentation to associate with it:** please do not submit supplemental documentation to Central Operations. Please submit directly to the ALJ assigned to the appeal.
- **If you want to withdraw a previously submitted ALJ hearing request:** please mail your written withdrawal request to the Central Operations address including the following “Attn: Withdrawal Request Mail Stop.” This applies only if the case has not been assigned – if it has been assigned, the withdrawal should go to the assigned ALJ.

Cohen Auditorium

Wilbur J. Cohen Building
330 Independence Avenue, SW
Washington, DC 20237



Appellant Information

ATTENTION: *Attendees must enter the Cohen Building through the C-Street entrance. One form of identification (picture ID) will be needed. Individuals who have not previously registered will not be permitted into the building. Please arrive early to ensure clearing the Security process in minimum time. Also, we strongly recommend you minimize the number of items requiring security scanning, i.e. bags, briefcases, etc., as this will delay entry into the facility.*

Local Eateries

*Potbelly Sandwich Works
The Cohen Cafeteria
Wall Street Deli
Holiday Inn Restaurants
Smithsons
21st Amendment Bar & Grill*

*Mitsuda Café
Atrium Café
Subway*

Getting to the Cohen Auditorium

We ***strongly encourage*** taking the Metro to the Cohen Auditorium. Visitor parking will not be available and parking is extremely limited in the downtown area. Some public and privately run garages are located at: **(Estimated parking costs)**

321 Virginia Avenue Southwest - \$18.00 / day

350 G Street Southwest – \$12.00 / day

480 L'Enfant Plaza - \$21.00 / day

Taking the Metrorail

Metro's Blue/Orange Lines to the Federal Center SW Station. The station's escalators exit onto 3rd Street. Turn left and walk two blocks to C Street. Turn left and proceed to the Wilbur J. Cohen building entrance on C Street—between 3rd and 4th Street. You must pass through the security checkpoint once entering the facility. The Cohen Auditorium is just a 5-minute walk from the Federal Center SW Station.

Metro's Yellow/Green (or Blue/Orange) Lines to the L'Enfant Plaza Station. Exit the station at the 7th and D Street exit and walk a short distance East on D Street to 6th Street. Turn Left on 6th Street and walk one block to C Street. Continue on 6th Street to the North (far) side of C Street and turn right. Walk 1 1/2 blocks East on C Street. Proceed to the Wilbur J. Cohen building entrance on C Street—between 3rd and 4th Street. You must pass through the security checkpoint once entering the facility. The Cohen Auditorium is just a 5-10 minute walk from the L'Enfant Plaza Station.

